

IPW

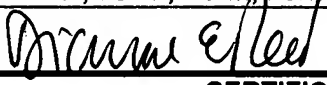
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/772,781
		Filing Date	February 4, 2004
		First Named Inventor	Jerry B. Gin
		Art Unit	1614
		Examiner Name	Lezah Roberts
Mail Stop	Amendment	Attorney Docket Number	1375-0001.20

ENCLOSURES (Check all that apply)

<input type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee(s) due: \$60.00 Fee Transmittal <input checked="" type="checkbox"/> Check enclosed <input type="checkbox"/> Charge Deposit Account No. 18-0580 <input type="checkbox"/> 37 CFR § 1.16 <input type="checkbox"/> 37 CFR § 1.17 <input checked="" type="checkbox"/> The Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) - ____ Affidavits/declaration(s) <input checked="" type="checkbox"/> One-Month Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Information Disclosure Statement & PTO-Form 1449 <input type="checkbox"/> Copies of cited reference(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Declaration(s) by Inventor(s) <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> Updated Application Data Sheet <input type="checkbox"/> Drawing(s) - ____ Sheets <input type="checkbox"/> Compact Disk(s) - ____ CD(s) <input type="checkbox"/> Petition <input type="checkbox"/> Power of Attorney & Address Indication Form	<input type="checkbox"/> Revocation of & New Power of Attorney, Address Indication Form <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Other Enclosure(s):
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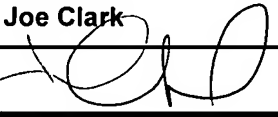
REMARKS

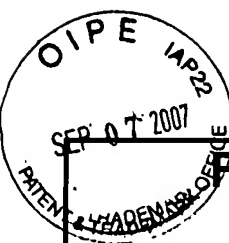
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name (print/type)	Dianne E. Reed, Reg. No. 31,292 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.	Telephone	(650) 251-7700
Signature		Date	September 4, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (print/type)	Joe Clark		
Signature		Date	September 4, 2007



FEE TRANSMITTAL

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	10/772,781	
		Filing Date	February 4, 2004	
		First Named Inventor	Jerry B. Gin	
		Examiner Name	Lezah Roberts	
TOTAL AMOUNT OF PAYMENT		\$60.00	Group Art Unit	1614
			Attorney Docket No.	1375-0001.20

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES																																																			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account No. 18-0580 Deposit Account Name Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.																																																							
The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																							
FEE CALCULATION																																																							
1. BASIC FILING, SEARCH AND EXAMINATION FEES																																																							
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>790</td><td>2001</td><td>395</td><td>Utility filing fee (filed on or before 12/8/04)</td><td></td></tr><tr><td>1011</td><td>300</td><td>2011</td><td>150</td><td>Utility filing fee (filed after 12/8/04)</td><td></td></tr><tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Search Fee</td><td></td></tr><tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Examination Fee</td><td></td></tr><tr><td>1081</td><td>250</td><td>2081</td><td>125</td><td>For each additional 50 sheets exceeding 100</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td></td><td>\$</td></tr></tbody></table>				Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	790	2001	395	Utility filing fee (filed on or before 12/8/04)		1011	300	2011	150	Utility filing fee (filed after 12/8/04)		1111	500	2111	250	Search Fee		1311	200	2311	100	Examination Fee		1081	250	2081	125	For each additional 50 sheets exceeding 100		SUBTOTAL (1)					\$						
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																							
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SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Dianne E. Reed	Registration No. (Attorney/Agent)	31,292	Telephone	(650) 251-7700
Signature		Date	9/4/07	September 4, 2007	